



*East Islip Lanes Presents*  
**The Suffolk County PAL  
Junior Bowling Program**

**Choose Day & Time**

<u>Day</u>	<u>Time</u>	<u>Starts</u>	<u>Day</u>	<u>Time</u>	<u>Starts</u>
Monday	4:30pm	9/19	Friday	4:30pm	9/23
Thursday	4:30pm	9/22	Saturday	10:00am & 11:45am	9/17

**EVERY CHILD RECEIVES:**

- ✓ 2 Games of Bowling Every Week!
- ✓ 18 Weeks of Bowling!
- ✓ Lane Bumpers Available!
- ✓ Free Shoe & Equipment Rental!
- ✓ End of Season Awards!

**ONLY**  
**\$11.00**  
Per Person Per Week  
One Time Registration Fee of \$5.00

**Plus Each Child Can Get Their Own Custom Drilled  
Ball For An Additional \$3.00 Per Person Per Week**



117 East Main St. East Islip, NY 11730 631-581-6200

**CALL BOWLING CENTER TO REGISTER  
& BRING SIGNED FORM ALONG WITH  
REGISTRATION FEE ON THE 1<sup>ST</sup> DAY OF BOWLING.**

**OFFICE USE ONLY**

I.D. No. \_\_\_\_\_  
Act. Code \_\_\_\_\_  
Int. Code \_\_\_\_\_  
Insurance \_\_\_\_\_

Sport \_\_\_\_\_ Year \_\_\_\_\_



Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
School District \_\_\_\_\_

**-- Registration and Insurance Fees are Non-refundable --**

I/We, the parents of the above named child, hereby give our consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/w the parent (s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive,  
Parent(s) Signature \_\_\_\_\_

release, absolve, indemnify and agree to hold harmless the Police Athletic League, Inc., associated organizations, organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We, agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter in as good condition as when received except normal wear and tear or pay equivalent cost.

Date \_\_\_\_\_

The distribution of this flyer by the School District is a courtesy extended to the activities of this non-profit organization  
in no way does the District sponsor or accept responsibility for these activities.

**APPROVED**